

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 721991

FILED
Jan 11, 2009
Secretary of State

Entity Name: MIAMI PRIMITIVE BAPTIST CHURCH, INC.

Current Principal Place of Business:

3611 N.W. 100TH AVENUE
CHURCH BLDG
COOPER CITY, FL 33024 US

New Principal Place of Business:

Current Mailing Address:

JESSE R. CAVES
133 GATE RD
HOLLYWOOD, FL 33024 US

New Mailing Address:

FEI Number: 59-1756008 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of Current Registered Agent:

KISSLAN, DONALD
4431 S.W. 64TH AVE.
SUITE 119
DAVIE, FL 33314 US

Name and Address of New Registered Agent:

The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida.

SIGNATURE: _____

Electronic Signature of Registered Agent

_____ Date

OFFICERS AND DIRECTORS:

Title: SD () Delete
Name: BAESSLER, FRED
Address: 14852 SW 38TH CT
City-St-Zip: MIRAMAR, FL 33027

Title: D () Delete
Name: BAESSEER, DORETHY
Address: 14852 S.W. 38TH COURT
City-St-Zip: MIAMAR, FL 33027

Title: TD () Delete
Name: OWENS, ELMO L
Address: 20801 SAN SIMEON WAY #205
City-St-Zip: MIAMI, FL 33179

Title: PD () Delete
Name: SUMMERFORD, H L
Address: 2791 N PINE ISLAND RD, #212
City-St-Zip: SUNRISE, FL 33322

Title: VD () Delete
Name: CAVES, ALMA F
Address: 6421 THOMAS ST.
City-St-Zip: HOLLYWOOD, FL 33024

Title: VD () Delete
Name: FICAVES, ALMA
Address: 133 GATE RD
City-St-Zip: HOLLYWOOD, FL 33024

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my electronic signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 617, Florida Statutes; and that my name appears above, or on an attachment with an address, with all other like empowered.

SIGNATURE: H L SUMMERFORD

PD

01/11/2009

Electronic Signature of Signing Officer or Director

_____ Date